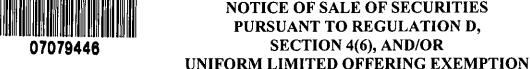
FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



OMB APPROVAL

OMB Number: 3235-0076

Expires: April 30, 2008

| ho | urs per form | 16. | 00 |
|----|--------------|---------|----|
| | SEC US | E ONLY | |
| | Prefix | Seri | al |
| | | } | |
| | DATE RI | ECEIVED | |

Estimated average burden

| | | | | | (2) |
|----------------------------------|-------------------------------------|--------------------|----------------------|----------|---------------------------------|
| Name of Offering (□ check if | this is an amendment and name ha | s changed, and in | ndicate change.) | /89 | RECEIVED |
| 9% Convertible Promissory N | ote and Warrant Offering | | | _// | |
| Filing Under (Check box(es) that | 11 3/ | 505 🗷 Rule 50 | 6 Section 4(6) | □ gf@£ | OCT 0 5 2007 |
| Type of Filing: New Filing | g 🗆 Amendment | | | 12 | -, v J 2007 |
| | A. BASIC | IDENTIFICAT | ION DATA | - Visit | |
| 1. Enter the information reques | ted about the issuer | | | ` | (A) 186 (C) |
| Name of Issuer (□ check if th | is is an amendment and name has o | hanged, and ind | icate change.) | | |
| Caliber Data, Inc. | | | | | |
| Address of Executive Offices | (Number ar | nd Street, City, S | tate, Zip Code) | Telepho | ne Number (Including Area Code) |
| 16771 NE 80th Street, Suite 11 | 0, Redmond, WA, 98052 | | | (425) 21 | 16-3565 |
| Address of Principal Business C | perations (Number ar | nd Street, City, S | tate, Zip Code) | Telepho | ne Number (Including Area Code) |
| (if different from Executive Off | ices) Same | | | Same | |
| Brief Description of Business | | | | | |
| Online advertising technolo | gy company | | | | |
| Type of Business Organization | | | | | |
| ☑ corporation | ☐ limited partnership, already for | rmed | O other (please sp | ecify): | PROCESSED |
| ☐ business trust | ☐ limited partnership, to be form | ied | | | |
| | | | | | OCT 1 0 2007 |
| | | Month | Year | | |
| Actual or Estimated Date of Inc | orporation or Organization: | 0 1 | 0 7 | ■ Actual | □ Estimated THOMSON |
| | | | | | FINANCIAL |
| Jurisdiction of Incorporation or | Organization: (Enter two-letter U.) | S. Postal Service | abbreviation for Sta | ite: | |
| | CN for Canada; I | FN for other fore | ign jurisdiction) | WA | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

| | | | | | |
|---|--------------------|----------------------------|---------------------------|------------------|--------------------------------------|
| | | A. BASIC IDEN | TIFICATION DATA | | |
| 2. Enter the information rec | quested for the fo | llowing: | | | |
| Each promoter of | the issuer, if the | issuer has been organized | d within the past five ye | ars; | |
| Each beneficial ov securities of the is | | power to vote or dispose, | or direct the vote or dis | position of, 10% | or more of a class of equity |
| Each executive of | ficer and director | of corporate issuers and | of corporate general ar | d managing part | ners of partnership issuers; and |
| Each general and a | managing partner | r of partnership issuers. | | | |
| Check Box(es) that Apply | ☐ Promoter | ☑ Beneficial Owner | ☑ Executive Officer | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, Karlin, Jonathan | if individual) | | | | |
| Business or Residence Addr 16771 NE 80th Street, Suite | | | Code) | | |
| Check Box(es) that Apply | ☐ Promoter | ⊠ Beneficial Owner | ☑ Executive Officer | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, Wang, Lee | if individual) | | | | |
| Business or Residence Addi 16771 NE 80th Street, Suite | | | Code) | | |
| Check Box(es) that Apply | ☐ Promoter | ☐ Beneficial Owner | ⊠ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, Gaughan, Lynda | if individual) | | | | |
| Business or Residence Addi 16771 NE 80th Street, Suite | | | Code) | | |
| Check Box(es) that Apply | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Business or Residence Addr | ress (Number and | d Street, City, State, Zip | Code) | | |
| Check Box(es) that Apply | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Business or Residence Addr | ress (Number an | d Street, City, State, Zip | Code) | | |
| Check Box(es) that Apply | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Business or Residence Addr | ress (Number and | d Street, City, State, Zip | Code) | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

☐ Beneficial Owner ☐ Executive Officer ☐ Director

☐ General and/or

Managing Partner

Check Box(es) that Apply

Full Name (Last name first, if individual)

☐ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

| | | | | | В. 1 | NFORM. | ATION A | ABOUT C | FFERIN | G | - | | | |
|---------------------|---|-----------------------------------|--|---------------------------------------|---------------------------|--|---------------------------------------|---------------------------------------|-----------------------|----------------------------|--------------------------|--|------------|-------------|
| | | | | | | • | | | | | | | <u>Yes</u> | <u>No</u> |
| 1. | Has the is | suer sold | | | intend to Appendix, | | | | | offering?. | | | | × |
| 2. | What is the | he minim | um inves | tment that | will be a | ccepted fi | om any ir | ndividual? | | | | | \$25,0 | <u> </u> |
| | | | | | | | | | | | | | <u>Yes</u> | <u>No</u> |
| 3. | | | - | | | _ | | | | | | | X | |
| 4. | or similar listed is a of the bro | remune n associa oker or de | ration for ted perso caler. If i | solicitation or agent nore than | on of purc t of a brok | hasers in ter or deal tersons to | connectio er register | n with sal red with tl | les of secune SEC an | irities in t id/or with | he offerin a state or | tly, any commission g. If a person to be states, list the name or dealer, you may | | |
| Full N N/A | ame (Last r | name first | , if individ | iual) | | | | • | | | | | | |
| Busine | ss or Resid | ence Add | lress (Nun | nber and S | treet, City, | , State, Zip | Code) | | | | | | | |
| Name | of Associat | ed Broke | r or Deale | r | | | · · · · · · · · · · · · · · · · · · · | | <u></u> | | | | | |
| States | in Which P | erson Lis | ted Has S | olicited or | Intends to | Solicit Pu | rchasers | | | ···· | | | | |
| (Ch | eck "All St | ates" or c | heck indiv | vidual Stat | es) | | | | ••••• | | | 1 | □ All | States |
| [AL | | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | | |
| (IL) [M] [RI] | [NE] | [IA] [NV] [SD] | [KS] [NH] [TN] | [KY] [NJ] [TX] | [LA] [NM] [UT] | [ME] [NY] [VT] | [MD] [NC] [VA] | [MA] [ND] [WA] | [MI] ·[OH] [WV] | [MN] [OK] [WI] | [MS] [OR] [WY] | [MO] [PA] [PR] | | |
| | ame (Last r | | | | [0.] | (,,, | [,,,,] | | ["] | [] | [., -] | [···] | - | • |
| | | | | | | | | | | | | | | |
| Busine | ss or Resid | ence Add | ress (Nun | nber and S | treet, City, | , State, Zip | Code) | | | | | | | |
| Name | of Associat | ed Broke | r or Deale | r | | | | | , | | | | | |
| States | in Which P | erson Lis | ted Has S | olicited or | Intends to | Solicit Pu | rchasers | | | | | | | |
| (Ch | eck "All St | ates" or c | heck indiv | vidual State | es) | | | | | | ••••• | | ⊐ All∶ | States |
| [AL [IL] | | [AZ] [IA] | [AR] [KS] | [CA] [KY] | [CO] [LA] | [CT] [ME] | [DE] [MD] | [DC] [MA] | [FL] [Ml] | [GA] [MN] | [HI] [MS] | [ID] [MO] | | |
| [NT] [RI] |] [NE] | [NV] [SD] | (NH) [TN] | [NJ] [TX] | [MM] [UT] | [NY] [VT] | [NC] [VA] | [ND] [WA] | [OH] [WV] | [OK] [WI] | [OR] [WY] | [PA] [PR] | | |
| Full Na | ame (Last r | ame first | , if individ | lual) | | | | | | | | | | |
| Busine | ss or Resid | ence Add | ress (Nun | nber and S | treet, City, | State, Zip | Code) | | | | | | | |
| Name | of Associat | ed Broke | or Deale | r | | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| States i | in Which P | erson List | ted Has So | olicited or | Intends to | Solicit Pu | rchasers | | | | | | | |
| | | • | | | | | | | | | | | ⊐ All S | States |
| [AL] | [AK] | [AZ] [IA] | [AR] [KS] | [CA] [KY] | [CO] [LA] | [CT] [ME] | [DE] [MD] | [DC] [MA] | [FL] [MI] | [GA] [MN] | [HI] [MS] | [ID] [MO] | | - |
| [MT [RI] |] [NE] | [NV] [SD] | [NH] [TN] | [NJ] [TX] | [NM] [UT] | (NY) [VT] | [NC] [VA] | [ND] [WA] | [OH] [WV] | [OK] [WI] | [OR] [WY] | [PA] [PR] | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) 3 of 9

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS |
|----|---|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. |
| | Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and |

| | Type of Security | | Aggregate Fering Price | | Amount Already Sold |
|---------|--|----|---------------------------|-------------|--|
| | Debt | \$ | 1,600,000 | \$ | 547,000 |
| | Equity | s | <u> </u> | \$ | |
| | ☐ Common ☐ Preferred | | | | |
| | Convertible Securities (including warrants) ¹ | \$ | | \$ | |
| | Partnership Interests | \$ | | \$ | |
| | Other (Specify) | \$ | | \$ | |
| | Total | | | | |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | | | |
| o n | nter the number of accredited and non-accredited investors who have purchased securities in this ffering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the umber of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | , | | | |
| | | | Number Investors | | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | | 16 | \$ | 547,000 |
| | Non-accredited Investors | | n/a | \$ | n/a |
| | Total (for filings under Rule 504 only) | | n/a | \$ | n/a |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | | | |
| S | this filing is for an offering under Rule 504 or 505, enter the information requested for all securities old by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first ale of securities in this offering. Classify securities by type listed in Part $C-$ Question 1. | | | | |
| | The second of th | | Type of | | Dollar Amount |
| | Type of offering | | Security | • | Sold |
| | Rule 505 | | | | n/a |
| | Regulation A | | | _ | n/a |
| | Rule 504 | | | - | n/a |
| | Total | | n/a | \$ | . n/a |
| th m | Furnish a statement of all expenses in connection with the issuance and distribution of the securities in sis offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an attimate and check the box to the left of the estimate. | | | | |
| | Transfer Agent's Fees | | | \$_ | |
| | Printing and Engraving Costs | | | \$_ | |
| | Legal Fees | | | \$ _ | 10,000 |
| | Accounting Fees | | | \$_ | |
| | Engineering Fees | | | \$_ | ·-·· |
| | Sales Commissions (specify finders' fees separately) | | | \$_ | |
| | Other Expenses (identify) | | | S _ | |
| | Total | | | ç | 10,000 |

¹ Each investor was issued a warrant to purchase that number of shares of common stock of the Issuer equal to twenty percent (20%) of the total principal amount of the Note purchased by such Investor divided by \$0.32, each having an exercise price of \$0.32 per share.

SE\9102804.1

| | C. OFFERING PRICE, NUMBER | R OF INVESTORS, EXPENSI | ES AN | D USE O | F PROCE | EDS | | |
|----------|--|--|----------|------------|---|--------------------|-----------------|--------------------|
| to | Enter the difference between the aggregate offering prictal expenses furnished in response to Part C – Questio occeds to the issuer." | on 4.a. This difference is the " | adjuste | ed gross | | ·· ·· - | \$ | 1,590,000 |
| ea th | dicate below the amount of the adjusted gross proceeds ch of the purposes shown. If the amount for any purpose box to the left of the estimate. The total of the paoceeds to the issuer set forth in response to Part C - Ques | se is not known, furnish an estim syments listed must equal the | nate an | d check | | | | |
| | | | | (Di | yments to Officers, rectors & Affiliates | | | ments to Others |
| | Salaries and fees | | | \$ | | _ 🗆 | \$ | |
| | Purchase of real estate | | | \$ | | | s | |
| | Purchase, rental or leasing and installation of machiner | y and equipment | | s _ | | | s | |
| | Construction or leasing of plant buildings and facilities | | | s | | | \$ | ···· |
| | Acquisition of other businesses (including the value of offering that may be used in exchange for the assets or pursuant to a merger) | securities of another issuer | _ | \$ | | _ 🗆 | s | |
| | Repayment of indebtedness | | | s | | | s | |
| | Working capital | | | | | _ | \$ | 1,590,000 |
| | Other (specify): | | | \$ | | | \$ | |
| | | | | \$ | | | s | |
| | Column Totals | | ¥ | s | |) (| \$ | 1,590,000 |
| | Total Payments Listed (column totals added) | | | <u> </u> | \$ | • | 590,000 | |
| | Total Taymono District (contains come acace) | | | | Ψ | <u>.</u> , | <i>030</i> 4000 | |
| | D | . FEDERAL SIGNATURE | | | | | | |
| signa | ssuer has duly caused this notice to be signed by the un ture constitutes an undertaking by the issuer to furnish mation furnished by the issuer to any non-accredited inves | to the U.S. Securities and Excl | nange | Commiss | | | | |
| | r (Print or Type) er Data, Inc. | Signature Lou | <u>L</u> | \sim | | Date 10/3/0 | 7 | |
| | o Canahon | Fitle of Signer (Print or Type) | 9 | | | | | |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)